

V39334
DEMERS

HONORE

WILFRI

REGISTERED

AIR MAIL

LA/CM

N.S. 113-D-1791.PERS.(N)

60

DEC 29 1943

Dear Mrs. Demers:

Further to my letter of the 27th of September, 1943, in view of the length of time that has elapsed since your husband, Honore Wilfrid Joseph Demers, Electrical Artificer 4th Class, Official Number V-39334, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "ST.CROIX", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 20th of September, 1943.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

LETTER dispatched by
PERSONNEL NAVAL

DEC 29 1943

SECRETARY, NAVAL BOARD.

Mrs. Elizabeth Demers,
109 Orris Street,
Melrose Highlands,
Mass., U. S. A.

H. B. K. M. R. C. N. R.
PAY LIEUT. CDR.
CHIEF IN CHARGE
NAVAL PERSONNEL RECORDS

MEMORANDUM:

With reference to your submission
of the
Headquarters' message, reading
as follows, is hereby confirmed:

Medical Board Proceedings ()
respecting the above named, returned herewith
for record purposes.

BY ORDER

J. O. Cossette
for (J. O. Cossette),
Naval Secretary.

D OF D 20-9-43

AWARDS NAVY

D.D.

DEMERS

Honore Wilfred Joseph

V-39334

E.A.4

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

Africa Star

C.V.S.M. & Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

1578

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

RCNVR July 44 "ST. CROIX"

(1) MEDALS
PERSON

ENTITLED TO Mrs. Elizabeth Demers - Widow

ADDRESS: 109 Orris St.,
MELROSE HIGHLAND, Mass.

(2) MEMORIAL CROSS

WIDOW Mrs. E. Demers,

ADDRESS: 109 Orris St., Melrose Highlands,
Mass., USA (Issued 4-1-44)

(3) MEMORIAL CROSS

MOTHER Mrs. J.O. Demers

ADDRESS: 354B Heriot St., Drummondville, P.Q.

(1)

English

MEMORIAL BAR

DATE DESP

(2)

REGN. NO 622

(3)

15-1-44



P144734 AAL
FENCE
JUN 14 1942
M
N.S. 11320-1791
CANADA

Novel

Novel

Novel

Novel

Novel

Novel

Novel

Novel

Novel

Novel

Novel

- Novel

Novel

Novel

Novel

Novel

Novel

Novel

Military, Reserve, or Territorial
 Division
 1. Noted ~~XXXXXX~~ and attach my
 period shown in Records
 2. ~~XXXXXX~~
 3. Non-Sub. Card
 4. Statistical Card
 5. Pension Card
 6. Pension Card
 7.
 8.
 DATE 1-7-8
 any of His Majesty's Forces on

(5) On being enrolled as a member of the H.M.C.S. "MONTREAL" Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 11th day of June 1942

Signature of applicant H. W. Demers

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 11th day of June 1942

Y. M. Dapin
Signature of and rank of Attesting Officer.

SUB/LIEUTENANT R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Honore Wilfrid Joseph Demers do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant H. W. Demers

Witness Y. M. Dapin

Date 11th June 1942 Rank SUB/LIEUTENANT R.C.N.V.R.

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(E) CERTIFICATE OF ATTESTING OFFICER

Honore Wilfrid Joseph Demers having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the H.M.C.S. "MONTREAL" Division of the R.C.N.V.R. or in the appropriate official documents.

Y. M. Dapin
Attesting Officer.

SUB/LIEUTENANT R.C.N.V.R.

June 11th 1942 R.C.N.V.R. Division H.M.C.S. "MONTREAL"
(or other establishment)

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

This is to acknowledge that I have not been induced to enter the ELECTRICAL ARTIFICER Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

H. W. Demers
Signature

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V39334

OFFICIAL NUMBER

NAME

DEMERS

(Surname)

Honore Wilfrid Joseph

(Given Names)

OFFICIAL NUMBER

V39334

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS Montreal	A/E.A. 4/c	11	6	42	Div. Str. Montreal	V.G.	Sat.	31	12	42							
" "	"	29	6	42	Active Service	V.G.	Sat.	20	9	43							
Cornwallis	"	30	6	42	Ser.Cert.												
Avalon (St.Croix)	"	21	11	42													
Niobe (St. Croix)	"	31	1	43													
Avalon (St.Croix)	"	1	5	43													
" "	E.A. 4/c	26	6	43	Rated												
DISCHARGED	"	20	9	43	"Missing on Active Service" (249A/43651)	"Dead"											

GENERAL REMARKS

Canadian Memorial Cross granted to:
Wife: Mrs. Elizabeth Demers,
109 Orris Street,
Melrose Highlands,
Mass., U.S.A.

Canadian Memorial Cross awarded to:
Mother: Mrs. J. Ovide Demers,
354 B Heriot St.,
DUMMONDVILLE, Que. to date
15th. January, 1944.

DATE OF BIRTH	PLACE	CIVIL	OCCU.	RELI.	ED	PERM. RESIDENCE	PREV.	ENL.	RANK OR RATE
BY MO YR	BY MO YR	MAIN	SUB	GION		P. CTY TOWN	SERV	DIV.	A BR RANK
18 0 11	12 440	0 10	32	19 01	0 09	1	34	95	
ENLIST DATE	ACT. SERV. DATE	STR.	ACT. SERV. DATE	SHIP OR	RANK OR RATE				
BY MO YR	BY MO YR	CAT.	BY MO YR	ESTAB.	A BR RANK				
11 06 42	29 06 42			0380	0 34 95				
SENIORITY	STR.	NON-SUB.	MT.						
BY MO YR	CAT.	A B ST							
29 06 43	09			20 20-09-43	msm	mm			

V39334

OFFICIAL NUMBER

FILE NUMBER

113-D-1791

OFFICIAL NUMBER V39334

NAME DEMERS

(Surname)

Honore Wilfrid Joseph

(Given Names)

DATE OF BIRTH 18 October, 1911

PLACE OF BIRTH Drummondville, Que.

OCCUPATION

Electrician

RELIGION R.C.

EDUCATION

2nd year High School

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 534A Dorion Street,

Town

Drummondville,

Province, etc.

Quebec.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
11	6	42	Hostilities only	5'10"	Dk.Brn.	Brown	Med.	Scar Lt. cheek.	NIL			

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
				14	11	42	Qual. for E.A. 4/c

BADGES, G.C. OR G.S.

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

BADGES, G.C. OR G.S.			SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year			Day	Month	Year		

FILM
NO. 5663-1
DATE

SECOND CLASS FOR CONDUCT

From

To

Date (in figures)			DAYS FORFEITED					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

O.H.F. Received.



CERTIFICATE of the SERVICE of

Honore Wilfrid Joseph DEMERS

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>RCNB Halifax</i>	<i>HMCS Montreal</i>	<i>V-39334</i>

Date of Birth	<i>18th October 1911</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Wife: Elizabeth Demers 109 Cross Street Melrose Highlands Mass. U.S.A.</i>		
Place of Birth	<i>Drummondville, Quebec</i>			
Place of Residence	<i>5347 Dorson St Drummondville Que</i>			
Trade brought up to	<i>Electrician</i>			
Religion	<i>Roman Catholic</i>			
Can Swim:—P.P.T.	Date	19	Signature	Rank
P.S.T.	Date	19	Signature	Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>11 June 42</i>	<i>Duration</i>	<i>A/EA 4TH</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	10	41½	180	Dark Brown	Brown	Medium	Scar lt. cheek
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name Honore Melfried Joseph DEMERS Conduct

[illegible]

NAME IN FULL DEMERS, Donore 2nd Lt RANK/RATING E. 4/1

NAME IN FULL DEMERS, Donore 2nd Lt RANK/RATING E. 4/1

SHIP	SERVICE			AREA	QUANTITY	
	FROM	TO	DAYS		FROM	TO
	26 6-42					
St. Louis	20 11-42	20 9-43	305	W. 9. 42		
Quincy	20 4-43					
VERIFIED BY <i>Louise F. Lister</i> VERIFIED BY						

STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
NAVAL GENERAL SERVICE MEDAL (1915).

.....RANK/RATING E 4/C.....OFF. NO. V-39334.....ADDRESS

VERIFIED BY

VERIFIED BY DIR. OF PERSONNEL RECORDS.

OCCUPATIONAL HISTORY FORM

1942
P144738/11301791
CANADA

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full WILFRED WILFRED DENNETT (b) Reg'l. No. V39334
 2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank REAR ADMIRAL
 3. (a) Date of birth SEP 15 1911 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment 1120 NASHWAY ST. MTL
 4. (a) Place of enlistment 1464 MOUNTAIN ST. MTL (b) Date of enlistment JUNE 11 1942

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? N.A.
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 yrs High School, Jr. Mat
 7. If you attended a university, give name of university and standing or degree secured N.A.
 8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? ELECTRICIAN (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it?
 9. (a) What languages do you speak fluently? FRENCH & ENGLISH (b) What languages do you read well? FRENCH & ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? N.A.

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
 15. Give details of last employer, if any: Name Address
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
 17. (a) If your last employment was in a business of your own, state nature and address of business N.A. (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer CHADWICK ENGINEERING CO. MONTREAL, P.Q. Address ARTIFICIAL SILK MFGS
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
 20. (a) Your specific occupation GENERAL STORES SUPERVISOR (b) Number of years' experience at this occupation with any employer 14 YEARS
 21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
 23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
 25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) secured a position
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Electrical Engineer

DATE June 11 1942 194 2 SIGNATURE W. F. Denmett



Copy To:
VWD
ES

JUL 08 1942

MEMORANDUM FOR

P. 64

Mrs. Elizabeth Demers
 109 Orris Street
 Melrose Highlands
 Mass., U.S.A.

Any further communication on this subject should
 be addressed to:—

THE ADMINISTRATOR OF ESTATES,
 DEPARTMENT OF NATIONAL DEFENCE,
 OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 113-D-1791 FD. 321

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

January 7, 1944

For the purpose of record and in the event of there being any Service estate
 available for distribution (according to law) on account of the late

DEMERS, Honore W.J., E.R.A./4

No. V. 39334. R.C.N.V.R.

it is necessary that the requisite information regarding the deceased and his relatives
 should be furnished on the inside of this form in strict accordance with the printed
 instructions. The particulars required are to be carefully filled in and the Declaration
 on the back should then be signed in the presence of a Clergyman, Priest, Local
 Magistrate, Commissioner for Oaths or Notary Public, who should be asked to com-
 plete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of
 the Estates Branch, consists of any balance of pay and allowances at credit, cash on
 hand and the personal effects which are under the control of the Service authorities.
 To obtain such assets, it is not necessary for the person(s) legally entitled thereto to
 obtain through the Courts Probate of the Will, or if none, Letters of Administration
 of his estate.

In addition to the administration of those Service assets, the Administrator of
 Estates is authorized to withdraw into Government account any funds (within a
 defined amount) on deposit to the deceased's credit in Banks, Post Offices or other
 financial institutions in Canada and Overseas, without expense or trouble to the
 person(s) legally entitled to the estate, and to distribute such funds at the same time
 as any balance of pay is distributed. Also, War Savings Certificates and Victory
 Loan Bonds owned by the deceased may be redeemed and similarly distributed, or
 transmitted into the name(s) of the person(s) legally entitled. Such Certificates and
 Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters
 of Administration, the Administrator of Estates may transfer and hand over the
 Service assets to the executor or administrator appointed by the Court so that all
 the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of import-
 ance in determining whether or not the deceased's assets are such that they may all
 be administered by the Administrator of Estates to the person(s) legally entitled,
 that is, without the need for Probate or Administration.

If there is insufficient space for complete particulars to be given opposite any
 question on Pages 2 and 3 of this form, the space under "additional remarks" on
 page 4 should be used.

H.R. Wade
 (H.R. Wade) Cdr. RCNVR,
 for (L.M. Firth) Lt.-Col.
 Administrator of Estates.

HRW/JN

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Elizabeth Curry Demers	28	109 Orris Street Melrose, Mass., U.S.A.
2	Children of the Deceased and dates of their Births.....	none		
✓ 3	Father of the Deceased.....	J. Ovide Demers	78	354b Hériot, Drummond- ville, Québec,
✓ 4	Mother of the Deceased.....	Marie-Jeanne Guay	69	
✓ 5	Brothers of the Deceased	Aristide Demers	45	34 Business street Hyde Parck, Mass. U.S.A.
		Oscar Demers	42	89 Church Street Berlin, N.H. U.S.A.
		Edoauard Demers	40	447f, Lindsay, Drummond- ville, P.Q.
		Half Blood		
		Alfrédina Demers, veuve de		
✓ 6	Sisters of the Deceased	Alfrédina Demers, veuve de Patrick Heffernan	48	1208 Van Horne, Montréal P.Q.
		Auréa Demers	36	354 Hériot, Drummond- ville
		Rollande Demers	28	1208 Van Horne, Montréal
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	non	Names and ages of their children (if any)	Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Honore Wilfrid Joseph Demers
9	Date of his birth	October 18, 1911
10	Place and date of his marriage.	Melrose, Mass. January 18, 1941
✓ 11	Place and date of his parents' marriage.	St. Gille, Quebec, Canada

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Drummondville, Quebec
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Quebec, Canada until enlistment (b) (c) (d)
14	Nature of employment before enlistment.	store keeper for Canadian Celanese
15	State whether he owned the premises in which he lived and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Drummondville, Quebec

PARTICULARS OF ESTATE

17	Did he leave a Will?	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	no
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	no we had the account in my name
20	Amount of War Savings Certificates held by deceased.	four #4. Certificates which he had with him
21	Amount of Victory Loan Bonds held by deceased.	one \$50. bond
✓ 22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Gen Life Assurance Co. \$ 1,517.53 Mrs. Elizabeth Demers (wife) Metropolitan Life Co. \$ 1,000.00 Marie J. Demers (sister).
23	Is application for Probate or Letters of Administration necessary (see page 1)?	no

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no
(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)		

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Widow of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Elizabeth Curry Demers {Signature of Informant
109 Orie Street, Melrose, Mass., U.S.A. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Elizabeth

*See above.

Curry Demers {Name of Informant} is the* Widow of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Melrose, Mass., U.S.A. this 26th day of February 19 44

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

Kendig Brubaker Gully Qualification Clergyman

Address 783 Franklin St., Melrose, Mass., U.S.A.

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

TAG/DJW.

H.S. 113-D-1791.

113-D-1791.

3rd July, 1942.

MEMORANDUM:

The enrolment of the undermentioned ratings
in the **MONTREAL** Division, R.C.N.V.R., is approved:

<u>NAME</u>	<u>RATING</u>	<u>O.N.</u>	<u>DATE</u>
DEMERS, Honore Wilfrid Joseph	A/E.A.	V39334	11-6-42.
GALBRAITH, Robert Malcolm	A/S.A. 4th/C.	V39480	12-6-42.
MALCOMBER, Hilson William	Sto. I.	V39481	15-6-42.
HOPKINS, Jack	Ord. Smn.	V39482	16-6-42.
COLTHORPE, Powell William Ernest	Ord. Smn.	V39484	16-6-42.
BROWN, Ernest Bedford	Ord. Smn.	V39485	16-6-42.
HALEY, Alfred Jeffrey	A/Ship. 4th/C.	V39486	17-6-42.
STIEBEL, Robert John	Ord. Coder.	V39487	16-6-42.
MUIR, Andrew Robert	Ord. Smn.	V39488	16-6-42.
O'BRIEN, John Thomas	Sto. I.	V39489	15-6-42.
DAVIS, Gordon Harold	Sto. I.	V39490	15-6-42.
ROBERTS, Stanley	Sto. I.	V39491	15-6-42.
RYAN, John Joseph	Sto. I.	V39492	15-6-42.
NORMAN, Hugh Arthur	Ord. Smn.	V39493	15-6-42.

BY ORDER,

for

SECRETARY, NAVAL BOARD.

The Commanding Officer,
H.M.C.S. " **MONTREAL** ",
1464 Mountain Street,
MONTREAL, P.Q.

Copy to:- The Drafting Commander,
H.M.C.S. "STADACONA",
HALIFAX, N.S.

MR

May 26th, 1942. 4

(V)

MEMORANDUM:

With reference to your R-100
of the 18th May, 1942, it is approved to enter
Mr. Honore W. Demers, 534A Dorion, Drummondville, P. Q.,
as Acting Electrical Artificer 4th class R.C.N.V.R. (Temp) on
Active Service at your Divisional Headquarters,

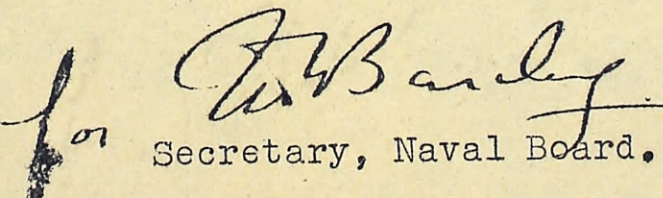
if he is considered to be suitable and is medically fit.

He is to be drafted to H.M.C.S. "Stadacona"
as soon as possible, and the Commanding Officer is to be in-
formed of the date of his arrival.

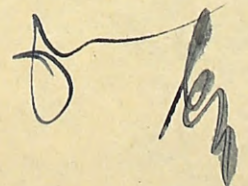
2.

Credentials are returned herewith.

BY ORDER,


Secretary, Naval Board.

The Commanding Officer,
H.M.C.S. "Montreal",
1464 Mountain Street,
Montreal, P. Q.



DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

35

1 October, 1943.
(Date.)

Sir:

The following casualty has been reported -

NAME DEMERS, Honore Wilfrid Joseph RANK or RATING Electrical Artificer Fourth Class V-39334 RCNVR NAVAL NO. _____

DATE OF ENLISTMENT - 11 June, 1942. Active Service: 29 June, 1942.

DATE OF DISCHARGE - _____

HOSPITAL - _____
(If discharged in hospital under jurisdiction of D.P. & N.H.)

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "Missing" on war service. This rating is listed
when and where any disability as missing due to enemy action, while serving
was incurred, or where death on Convoy duty in the Atlantic. When official presumption of death has been made, you
occurred. will be notified further.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Wife: NAME Mrs. Elizabeth Demers

ADDRESS 109 Orris Street, Melrose Highlands, Mass, U.S.A.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the separation Agreement, etc., to be furnished.

*H.B. Money*for
SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

NOTE: Duplicate copies of this Form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section) Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions.)

REMARKS:

.....

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

53

- NAVAL SERVICE -

N.S.113-D-1791 PERS. (N)

MEMORANDUM TO D.N.I.
&
V.C.N.S.

This is to certify that -

DEMERS, Honoure Wilfrid, Joseph, Elect. Artificer,
4th Class. V-39334, R.C.N.V.R.
was serving in ...H.M.C.S. "ST. CROIX"..... as at .20th..
September, 1943.

.....
Chief of Naval Personnel

This rating was reported missing when H.M.C.S. "ST. CROIX" and/or
H.M.S. "ITCHEN" was lost on the high seas due to enemy action.

The above mentioned rating is, therefore,

.....
Missing, Presumed Dead.
.....

Concurred:-

J. M. Jackson
.....
Dir. Naval Intelligence.

[Signature]
.....
Commander, R.C.N.,
~~Director of Operations~~
DIRECTOR OF OPERATIONS DIVISION.

[Signature]
.....
Approved for Staff.

O t t a w a, ²⁴~~23~~ December.... 1943.



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. N.S. 113-D-1791.
PERS. (N)

DEC 29 1943

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
DEMERS, Honore Wilfrid Joseph, Electrical Arti- ficer 4/cl., O.N. V-39334, R.C.N.V.R.	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on Convoy duty in the Atlantic, due to enemy action.	Wife: Mrs. Elizabeth Demers, 109 Orris Street, Melrose Highlands, Mass, U.S.A.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>		<u>AMOUNT</u>	<u>INITIALS</u>
Mrs Elizabeth Demers, 109 Orris St., Melrose Highlands Mass., U. S. A.	(Wife)	D.A. 35.00 A. P. 47.00 B. 1.40	E.P.

WILL: No Record

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD. :

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

Allotment Stop paid 31st of Sept. 1943.

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name DEMERS, Wilfred Rating E. A. 4
Official No. V-39334 H.M.C.S. St. Croix. Lis 5B/1-1
Who* D. D. on the 20th September 1943

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>(AP) Forty Seven dollars</u> charged to <u>30 Sep '43</u>		
Name of ship from which transferred <u>St. Croix</u>		
Total†.....	Creditor	73.50

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of HMCS "AVALON" for "ST. CROIX" amounting to a net balance†..... Creditor of Seventy three dollars fifty cents.

Dated on board H.M.C.S. AVALON at St. John's,
Newfoundland this 26th day of October 19 43

Approved [Signature] A/Pay. Lieut. Cmdr. R.C.N.V.R. Accountant Officer
[Signature] Initials of the Assistant Accountant Officer
COMMANDER, R.C.N. (Temp) Commanding Officer.

For Use at Headquarters. \$..... cts..... credited on Inspector's certificate
No..... to.....

Signature.....

Date..... 19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 HMCS "AVALON" Alt. sheet # 43651 of 16th Oct '43.

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

{ Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature

.....Signature

.....Rank

.....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.



M.

Can. B. 207

100M-3-42 (3733)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

DEMERS. HONORE'

I, the undersigned, have examined.....

E/A.

candidate for entry as.....

and I believe him to be *~~in all respects fit for His Majesty's Service~~
~~unfit for His Majesty's Service for the reason stated below~~ He has signed the Certificate
given below in my presence.

†Strike out if inapplicable.

*Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. 30	Mos. 8	(j) Date of last Vaccina- tion for Smallpox	1918
(b) Height with bare feet	Feet 5	In. 10	(k) General Development	GOOD
(c) Weight without clothes	180		(l) Nose, Throat and Tonsils	NORMAL.
(d) Ears and Hearing	NORMAL.		(m) Heart and Lungs	NORMAL. B.P. 130/70
(e) Chest Girth	Max. 43	Min. 40	(n) Abdomen Hernia, etc.	NORMAL.
(f) Teeth	Deficient 2	Defective 0	(o) Limbs and Joints	NORMAL.
(g) Vision by Snellens Types	without glasses	Rt. 6/9	(p) Skin	NORMAL.
	with glasses where worn	Rt. Lt.	(q) Anus Haemorrhoids	MPILONIDALDIMPLE OTHERWISE NORMAL.
(h) Colour Vision	Ishihara	NORMAL.	(r) Testes Varicocele	NORMAL.
	R.C.N. Lantern		(s) Urine	NOT DONE.
(i) Chest x-ray	{not taken approved positive doubtful			
	126043 APPROVED.			

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. †I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
†Strike out if inapplicable.

Signature of Candidate

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

*{which renders him medically unfit for service,
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one

IF REJECTED
insert here
UNFIT
in block letters

Dated at montreal.

the 9 of JUNE/42

19

Examining Medical Officer

(Rank) SURG. LT. R.C.N.V.R.

Certificate of Medical Examination of Officers, Men and Boys

NAVY SERVICE OF CANADA

HEALTH OR RESERVE FORCE

This certificate is to be filled out by a medical officer or other qualified person who has examined the person named herein and who is authorized to sign such certificates.

NAME (Last, first, middle)

DATE OF EXAMINATION (Month, day, year)

Examinee for entry as _____
in all ranks of the _____
and to receive him in the _____
given below in the _____

This examination has been made in accordance with the current instructions as to Medical Standards.

Age	30	Height	5' 10"	Weight	150	Color of hair	Brown
Build	Medium	Teeth	Good	Heart	Normal	Stomach	Normal
Throat	Normal	Lungs	Normal	Arteries	Normal	Veins	Normal
Spine	Normal	Genitals	Normal	Uterus	Normal	Vagina	Normal
Testes	Normal	Prostate	Normal	Bladder	Normal	Rectum	Normal
Colon	Normal	Small Intestine	Normal	Large Intestine	Normal	Stomach	Normal
Esophagus	Normal	Stomach	Normal	Small Intestine	Normal	Large Intestine	Normal
Rectum	Normal	Bladder	Normal	Prostate	Normal	Uterus	Normal
Vagina	Normal	Genitals	Normal	Testes	Normal	Prostate	Normal
Colon	Normal	Small Intestine	Normal	Large Intestine	Normal	Stomach	Normal
Esophagus	Normal	Stomach	Normal	Small Intestine	Normal	Large Intestine	Normal
Rectum	Normal	Bladder	Normal	Prostate	Normal	Uterus	Normal
Vagina	Normal	Genitals	Normal	Testes	Normal	Prostate	Normal

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I am a fit and healthy person and that I am qualified to receive the commission in the rank of _____ in the _____ of the _____.

[Signature]

Signature of Candidate

If a candidate is subject to a medical examination, the following instructions shall apply:

Medical Recruiting
DEPARTMENT
JUL 4 1960
RCN BARRACKS
HALIFAX, N. S.

SURGEON LIEUT.

[Signature]

for
RZ 6/9
RZ 6/9
N



CANADA

RRM
Department of National Defence
1464 Mountain Street, Montreal, Que.
Naval Service

IN REPLY PLEASE QUOTE

NO. R-100

June 26 1942

TO WHOM IT MAY CONCERN:

This is to certify that the bearer,
Honore W.J. Demers, is on active service with
the Royal Canadian Naval Volunteer Reserve as
of June 26, 1942. His rating is Acting Elec-
trical Artificer and will be assigned an
Official Number shortly.

M. R. Campbell
for M.R. Campbell,
A/Lieutenant-Commander RCNVR,
Commanding Officer.

MEDICAL QUESTIONNAIRE

NOTE: ALL QUESTIONS TO BE ANSWERED SIMPLY "YES OR NO"

1. Have you ever been discharged from the NAVY, ARMY or AIR FORCE? *No.*

2. Have you ever had any of the following illness's or defects any time?

(a) Rheumatism or Rheumatic Fever... *N.A.* (m) Eye trouble... *N.A.*

(b) Tuberculosis or Pleurisy *PLEURISY* (n) Gonorrhoea ... *N.A.*

(c) Bronchitis or Pneumonia ... *N.A.* (o) Syphilis ... *N.A.*

(d) Asthma or Hay Fever ... *N.A.* (p) Broken or diseased Bones... *Collar bone Right.*

(e) Kidney or Bladder trouble ... *N.A.* (q) Rupture or Hernia... *N.A.*

(f) Bed wetting at night ... *N.A.* (r) Flat or deformed feet ... *N.A.*

(g) Heart trouble ... *N.A.* (s) Varicose Veins... *N.A.*

(h) Indigestion of any kind ... *N.A.* (t) Dizziness, Fainting fits convulsions ... *N.A.*

(i) Stomack or Bowel trouble ... *N.A.* (u) Haemorrhoids or Piles ... *N.A.*

(j) Nose trouble ... *N.A.*

(k) Ear trouble ... *N.A.* (v) Epilepsy ... *N.A.*

(l) Any Operations *ADENOIDS* (w) Swollen, red or sore joints ... *N.A.*
TONSILS

3. Have you ever had an illness of more than one weeks duration

YES... at time of pleurisy 1931. (may)

4. Have you lost weight? *YES*

5. Have you ever been in Hospital or Sanatorium? *YES - 6 days.*

6 Have you or any one in your family ever had:

(a) Tuberculosis... *N.A.* (c) Epilepsy... *N.A.*

(b) Diabetes ... *N.A.* (d) Mental or nervous Breakdown... *YES - Brother*

7. Are there any disease which run in your family? *No.*

W. H. Bunn
Surgeon Lieutenant, R.C.N.V.R.

I hereby certify that I have revealed my full medical history and not withheld any revelant information.

Signature of Candidate

A. W. Demers

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

DECEASED
MEMBER'S
NAME

Honore Wilfred Joseph DEMERS
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO.

10332

FILE NO.

NS.V-39334

DATE

14th July '45

SERVICE NO.

V-39334

FINAL RANK OR RATING

E.A. 4/C

DATE OF DISCHARGE

20th Sep '45

PAYEE
ADDRESS

Mrs. Elizabeth Demers,
Melrose Hospital,
Melrose 76, Mass., U.S.A.

DATE OF TERMINATION OF OVERSEAS SERVICE

20th Sep '45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 452 EQUAL TO 15 COMPLETE PERIODS AT \$7.50

\$ 112.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 305 LESS 2 INELIGIBLE DAYS, EQUAL TO 303 DAYS @ 25C. PER DAY

75.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$3.05
SUBSISTENCE OR LODGING \$1.25
AND PROVISION ALLOWANCE
ADDITIONAL PAY H.L.M. \$.30

DEPENDENTS' ALLOWANCE 1/30 OF \$ 35.00 \$ 1.17

TOTAL \$ 5.77 X7 = \$ 40.39

NO. OF DAYS 305 X\$ 40.39

67.31

D. WAR SERVICE GRATUITY

255.56

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$

Cleared by F.E.C.B.

DEPENDENTS' ALLOWANCE

AND ASSIGNED PAY \$ Nil

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

255.56

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$

= \$ 255.56

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 45651 - July 27/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944, AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accounting.

W.S.G. Application No. 103321

TO: D.N.P.A. "G"

FILE NO. N.S. V-39384

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

DEMERS, HONORE WILFRIED JOSEPH V-39384 EA 4/C
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (ST. CROIX)

..... APPLICANT - WIDOW in receipt A.P. 47⁰⁰ DA-35⁰⁰
26 June 42 - 25 June 43 - 365
26 June 43 - 5
July 31
Aug 31
Sep 20
452

TOTAL SERVICE

Date of Active Service 26 JUNE 42

Date of Discharge 20 SEPT 43

Total No. of Days 452

Less non qualifying service NIL

Total Days 452

OVERSEAS SERVICE

% Total No. of Days 305
325

Less non qualifying service NIL

Total Days 305
325

Record of Service in other Forces (per Naval Records)

Branch of Service N.

Date of Active Service 1

Date of Discharge L

& % Overleaf

Computed By Walter J. Proctor

Checked By [Signature]

[Signature]
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: JUN 20 1945

D.A.

NON QUALIFYING SERVICE

(#) Date	Reason	No. of Days
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
Total days		

(%)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
ST. Croix	20 Nov '42	20 SEPT '43	305

St. Croix

365

10 less 20/Sept

31

19

305

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's Name Honore Wilfred Joseph DEMERS
(Christian Names) (Surname)

Payee Mrs. Elizabeth DEMERS
Melrose Hospital
Address Melrose 76, Mass,
U.S.A.

Register No. 10332
File No. V39334
Date 22-6-45

Service No. V39334
Final Rank or Rating E-4/c
Date of Discharge 20 Sep. 43

Date of termination of overseas service 20 Sep. 43

A. TOTAL QUALIFYING SERVICE

No. of days 452 equal to 15 complete periods at \$7.50
30

\$ 112.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 305 less 2 ineligible days equal to 303 days @ 25¢ per day

\$ 75.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 3.05
Subsistence or Lodging \$ 1.25
and Provision Allowance
Additional Pay H.L.M. \$.30

Dependents' Allowance 1/30 of \$ 35.00 \$ 1.17

Total 5.77 x 7 = \$ 40.39

No. of days 305 x \$ 40.39
183

\$ 67.31

D. WAR SERVICE GRATUITY

\$ 255.56

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$
Cleared by H.E. & B.
OTHER DEDUCTIONS \$ nil

F. TOTAL AMOUNT PAYABLE

\$ 255.56

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ 255.56
Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by		Checked by		Treasury	
				Checked by	Date

Service Representative

D.N.P.A. CHECK

1 W 6
2 W 7
3 W 8
4 W 9
5 W 10

U.S. address

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member Norore Wilfred J. DEMERS Rank or Rating E.D. 4/c O.No. V-39334

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. 35.00 ✓

A.P. 47.00 ✓

D.A. _____

A.P. _____

(wife)
Mrs. Elizabeth DEMERS -
Melrose Hospital,
Melrose 76, Mass. U.S.A.

2. Pension awarded or being awarded to:

?

3. War Service Gratuity Application(s) received from:

Mrs. Elizabeth DEMERS
wife.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

- () To be paid to:

Mrs. Elizabeth DEMERS, wife
Melrose Hospital,
Melrose 76, Mass. and U.S.A.

In the full
proportion of: 1

to:

In the
proportion of: 1

- () To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 25th June, 1945

R. S. P. A. D. S.
for D.N.P.A. (G) 2m

DIVISION DES SUCCESSIONS

ce 20 juillet, 1944.

Mlle Rollande Demers,
1208, rue Van Horne,
Montréal, Qué.

DEMERS, H.W.J., ERA/4 (décédé)
No. V.39334, R.C.N.V.R.

Chère Mademoiselle Demers,

Nous sommes maintenant en état de disposer du montant apparaissant au crédit de la succession militaire de votre frère.

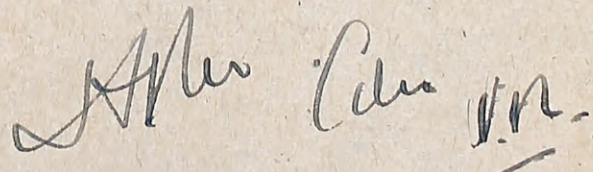
Le montant total à distribuer est de \$138.75, fait comme suit:-

Reliquat de solde et d'allocations.....	\$ 73.50
Vente d'un Bon de la Victoire de \$50.00.....	\$ 52.92
Vente de Certificats d'Epargnes de Guerre.....	\$ 12.33
Total:-.....	\$138.75

Votre frère est décédé sans testament et sans contrat de mariage. Par conséquent, la moitié du montant revient à son épouse en sa qualité de commune en biens et selon les lois des successions de la province du domicile, 1/8ième à chacun de ses parents et 1/24ième à chaque frère et soeur.

Le Bureau du Trésor a été requis de vous transmettre incessamment, un chèque payable à votre ordre, au montant de \$5.78, et représentant votre part dans le montant total. Dès que vous l'aurez reçu, vous êtes priée de bien vouloir signer la formule ci-incluse et la retourner au Directeur des Successions, Ministère de la Défense Nationale, 308 Sparks, OTTAWA, Canada.

Votre tout dévoué,



(L.M. Firth) Colonel,
Directeur des successions.

HRW/CGL.

DISTRIBUTION OF SERVICE ESTATES

TL

Estates Form "P. 4"

NAVY

Name: DEMERS, Honore W.J. No.: Y. 39334
Surname Christian Names

Rank R.P.A. /A. Unit R.C.H.V.R. Date of Death 20-9-43

AMOUNT

Date: 6-7-44

L.P.C. \$ 73.50
Other Credits 65.25
Total 138.75

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{8}$	Widow	Mrs. Elizabeth G. Demers, Melrose Hospital, MELROSE, MASS, U.S.A., (For community of property)	69.37
$\frac{1}{8}$	Father	J. Ovide Demers, 354 R. Heriot, DRUMMONDVILLE, P.Q.	17.35
$\frac{1}{8}$	Mother	Mrs. Marie-Jeanne Demers, (as above)	17.35
$\frac{1}{24}$	Brother	Oscar Demers, 89 Church St., BERLIN, N.H., U.S.A.,	5.78
$\frac{1}{24}$	Brother	Aristide Demers, 34 Business St., HYDE PARK, Mass. U.S.A., (cheques to have non-convertible endorsement)	5.78
$\frac{1}{24}$	Brother	Bleuard Demers, 447 P. Lindsay St., DRUMMONDVILLE, P.Q.	5.78
$\frac{1}{24}$	Sister	Mrs. Alfredina Hefferman, 1208 Van Horne St., MONTREAL, P.Q.	5.78
$\frac{1}{24}$	Sister	Aurea Demers, 354 Heriot St., DRUMMONDVILLE, P.Q.	5.78
$\frac{1}{24}$	Sister	Rolande Demers, 1208 Van Horne St., MONTREAL, P.Q.	5.78

TO BE FORWARDED BY REG. MAIL DIRECT
(As next of kin entitled)

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	51	00	50	000	\$138.75
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
N. O. SEAGRAM

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

P4. TO TREAS. 31/7

For Chief Treasury Officer



Department of National Defence
Naval Service

Ottawa, Canada.

OUR FILE N.S. 113-D-1791 PERS.(N)

YOUR FILE

31
27 January, 1944.

FOR FRENCH TRANSLATION

THIS IS TO CERTIFY that according to official information Honore Wilfrid Joseph Demers, Electrical Artificer Fourth Class, Official Number V-39334, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 20th of September, 1943. He was serving in H.M.C.S. "St. Croix" which was sunk by enemy action whilst on Convoy duty in the Atlantic.

SECRETARY, NAVAL BOARD.

LA *AW*

STATEMENT OF ACCOUNT

49

True extract from the ledger of H.M.C.S. "St. Croix" ending 30 September 1943.

List 5B/1 No. 1 (Name) DEMERS, Wilfred Rank Rating EA. 4 NV 39334
 When entered E. B. Date of appearance 1 July Whither discharged
D. D.

CREDIT from former account.....\$ 88.02

Pay as E.A. 4/c from 1 July to 30 Sep (92 days @ 3.05 per day) \$ 280.60

Pay as M.A. from 1 July to 31 July (31 days @ 1.15 per day) \$ 35.65

Pay as E.A. from 1 July to 24 July (24 days @ .50 per day) \$ 12.00

Pay as H.L.M. from 25 July to 20 Sep (58 days @ .30 per day) \$ 17.40

Kit Upkeep Allowance.....1 July.....\$ 14.00

OTHER CREDITS.....\$

Total Credits.....\$ 447.67

DEBT from former account.....\$

PAYMENTS 1st 2nd 3rd 4th 5th

1st Month 44.00.....Total.....\$

2nd Month 44.00.....49.17.....Total.....\$ 197.17

3rd Month 60.00.....Total.....\$

Allotment 82.00 July, 47.00 Aug. and Sept......\$ 176.00

Pension deduction (Officers) charged to.....of.....\$

Hospital stoppages.....\$

Mulcts.....\$

OTHER CHARGES.....Meals on Repay't.....\$ 1.00

Total debits.....\$ 374.17

Note: Balance Dr. to be shown in RED. Balance Cr. or Dr. xxx \$ 73.50

Number of days actually victualled during period mentioned above. 58

Not Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
		From	To		
	<u>Leave</u>	<u>1 July</u>	<u>24 July</u>	<u>24</u>	

Date: Oct. 26 1943.....for Accountant Officer.

27th September, 1943.

32

Dear Mrs. Demers:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services informing you that your husband, Honore Wilfrid Joseph Demers, Electrical Artificer fourth class, Royal Canadian Naval Volunteer Reserve, Official Number V39334, is missing on war service.

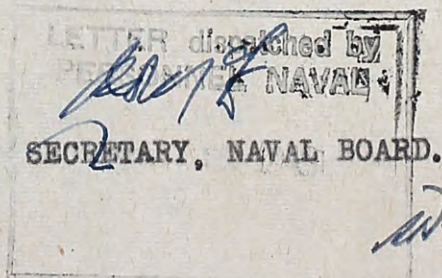
According to the report received, your husband is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

It is requested that you will regard as confidential anything beyond the fact of your husband's loss on war service until such time as an official announcement is made, as this information might prove useful to the enemy.

While your husband is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,



Mrs. Elizabeth Demers
109 Orris Street
Melrose Highlands
Mass., U.S.A.

H.O. Money
NAVAL PERSONNEL RECORDS